## PATENT APPLICATION LES DETERMINATION RECORD

lication or Docket Number

| ASIC F   | EE   | STAGE FEES                       | (Colum   |                                   |                   | Column 2) si                                    |            | SMALL ENT           | TITY                   | OR         | OTHER                 | THAN<br>NTITY                |
|--|--|----------------------------------|--|-----------------------------------|-------------------|---|------------|---------------------|------------------------|------------|-----------------------|------------------------------|
| ASIC F   | EE   |                                  | CMALL ENT  | •                                 |                   | CLAIMS AS FILED - PART I  (Column 1) (Column 2) |            |                     |                        |            |                       |                              |
|  |  |                                  | CMALL ENT  |                                   | •                 | · · · · · · · · · · · · · · · · · · ·           | <u>ר</u>   | RATE                | FEE                    |            | RATE                  | FEE                          |
| YASAIN   | ATION FE                                       | -                                | SWALL EN !   | . = \$ 150                        | LARC              | SE ENT. = \$ 300                                | 1          | BASIC FEE           |                        | OR         | BASIC FEE             | 3/10                         |
| XAMINATION FEE   |  |                                  | Satisfies PCT Article 33(1)- All other situations (4) = \$ 50 / \$ 100 \$ 100 / \$ 200 |                                   |                   |   |            | EXAM FEE            |                        |            | EXAM. FEE             | 200                          |
| EARCH FEE  |  |                                  | U.S. is ISA = 1<br>ALL other cor<br>\$ 200 / \$  | untries =                         |                   | her situations = 250 / \$ 500                   | ľ          | SEARCH FEE          |                        |            | SEARCH FEE            | 40                           |
| EE FOR EXTRA SPEC. PGS.  |  |                                  | minus 100 = 150 =  |                                   |                   |   | X \$ 125 = |                     |                        | X \$ 250 = | 250                   |                              |
| OTAL CHARGEABLE CLAIMS   |  |                                  | / Ininus 20 =  |                                   |                   | 48  |            | X \$ 25 =           | •                      | OR         | X \$ 50 =             | 1400                         |
| IDEPENDENT CLAIMS  |  |                                  | Signinus 3 = .4  |                                   |                   |   | X \$ 100 = |                     | OR                     | X \$ 200 = | X1(1)                 |                              |
| IULTIPI  | LE DEPENI                                      | DENT CLAIM PRE                   | SENT   |                                   |                   |   | + \$ 180 = |                     | OR                     | + \$ 360 = | 11.27                 |                              |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                  |  |                                   |                   | •   | TOTAL      |                     | OR                     | TOTAL      | 4351                  |                              |
| CLAIMS AS AMENDED - PART (I Column 1) (Column 2) (Column 3)            |  |                                  |  |                                   |                   |   | 1 :        | SMALL E             |                        | OR         | OTHER<br>SMALL E      |                              |
| 4 4  | •  | REMAINING AFTER AMENDMENT        |  | PREVIO                            | BER               | PRESENT<br>EXTRA                                |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                  | · ADDI-<br>, TIONAL ,<br>FEE |
| To   | al   | . 68                             | Minus  | - 6                               | 8                 | = ~   |            | X \$ 25 =           |                        | OR         | X \$ 50 =             | \ /                          |
| AMENDMENT  | ependent                                       | . 7                              | Minus  | ••• /                             | 7-                | <u> </u>  |            | X \$ 100 =          |                        | OR         | X \$ 200 =            | V                            |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                                   |                   |   |            | +\$ 180 =           |                        | OR         | + \$ 360 =            | $\Lambda$                    |
|  |  |                                  |  |                                   |                   |   |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE . |                              |
| . •  |  | (Column 1)                       |  | 4C atum                           | ,<br>2\           | (Catuma 2)                                      |            | •                   | <b></b> .              |            |                       | ·                            |
| n<br>=   |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | ST<br>SER<br>USLY | (Column 3) PRESENT EXTRA                        |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                  | ADDI-<br>TIONAL<br>FEE       |
| Tot  | a1   | •                                | Minus  | ••                                |                   | =   |            | X \$ 25 =           |                        | OR         | X \$ 50 =             |                              |
| Total Inde   | ependent                                       | •                                | Minus  | ***                               |                   | = .   |            | X \$ 100 =          |                        | OR         | X \$ 200 =            |                              |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                                   |                   |   |            | + \$ 180 =          |                        | OR         | + \$ 360 =            |                              |
|  |  |                                  |  |                                   |                   |   | •          | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.          |                              |
|  |  |                                  |  | Fr<br>Charge                      |                   |   |            |                     |                        |            |                       |                              |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" th THIS SPACE is less than "3", enter "3".